



## Federal Update for October 6 - 10, 2014



### ***VA Physician Salaries ► \$20K to \$30K Annual Increases Coming***

Due to a three-year federal pay freeze, the annual pay ranges for VA physicians and dentists haven't increased since October 2009. The Veterans Affairs Department wants to increase the annual salaries of new physicians and dentists by up to \$35,000 as part of a nationwide recruitment effort to hire more doctors and improve veterans' access to care. The change, which the department announced 17 SEP, would update existing pay tables for several categories of physicians in the Veterans Health Administration, enabling newly hired doctors to potentially earn between \$20,000 and \$35,000 more than the current salary ranges. The pay ranges for physicians who serve in leadership roles, including department undersecretaries and VA medical center directors, would not change. The notice outlining the new policy will be published 18 SEP in the Federal Register and will take effect on 30 NOV. "We are committed to hiring more medical professionals across the country to better serve veterans and expand their access to timely, high-quality care," said VA Secretary Bob McDonald, in a statement.

McDonald told reporters last week during a press conference that he's worried about the department's ability to recruit and retain a talented workforce as it recovers from a major scandal and reinvents itself to better serve the country's vets. He said the department needs new doctors, nurses and clinicians for 28,000 jobs authorized by Congress in the 2014 Veterans Access, Choice and Accountability Act. That law was passed in response to several whistleblower allegations that VA employees falsified documents related to patient care and has sparked a department wide management reform and public relations effort that McDonald hopes will improve services and rebuild the VA's trust with veterans. VA has seven pay tables for physicians and dentists with different levels or "tiers" that include a salary range for positions in those categories. Each pay table

corresponds to a specialty within the medical field, or a specific executive position. Pay Table 1, for example, covers a range of medical specialties, including allergy and immunology, geriatrics, psychiatry and general practice dentistry. The current annual pay range for Pay Table 1, Tier 1 is \$98,967 to \$195,000. Under VA's proposed increase, the maximum yearly salary for new physicians and dentists covered in that category would jump to \$215,000. For those in Pay Table 3, which includes noninvasive cardiology, dermatology, ophthalmology and oral surgery, the maximum salary for Tier 1 would increase \$35,000—from \$265,000 to \$300,000. Of course, reaching the maximum pay in each range depends on a doctor's skill sets, and is not guaranteed.

"With more competitive salaries for physicians and dentists, VHA is in a position to attract and hire the best and brightest to treat veterans," said Dr. Carolyn Clancy, interim undersecretary for health. It's unclear how the pay changes could affect the morale or retention of current doctors and dentists. There are more than 40 physician and dentist specialties in the VA system, and more than 25,000 doctors and dentists who work for the department. In crafting the new pay ranges, department officials looked at salary survey data that most closely resembled the VA in terms of environment. The pay increase for new hires is one part of a wide ranging VA recruitment effort. The department also plans to collaborate with nursing schools on psychiatric and mental health to strengthen relationships between academia and VA facilities, expand the loan repayment program, and augment a pilot program to bring in combat medics and corpsmen as clinicians at the VA. For a comparison of the current salary ranges for each pay table and VA's recommended increases click on

[http://www.govexec.com/media/gbc/docs/pdfs\\_edit/091714kl1.pdf](http://www.govexec.com/media/gbc/docs/pdfs_edit/091714kl1.pdf). [Source: GovExec.com | Kellie Lunney | Sept. 17, 2014 ++]

## ***VAMC Minneapolis Update ► Town Hall Meeting***

Veterans went to the microphone 12 SEP to call for change in culture of the massive Veterans Affairs bureaucracy and to demand accountability from top local leaders who recently were accused of seeking retribution against employees who complained of secret scheduling lists and canceled appointments. Close to 100 vets attended the town hall meeting in Minneapolis, part of a nationwide effort by the VA to repair an image tarnished by revelations that vets were forced

to wait long periods for appointments and that some workers were asked to keep separate books on how long it was taking for patients to be seen. Local VA officials extolled the accomplishments of the Minneapolis VA, which had enjoyed a stellar reputation among the nation's VA hospitals. The local VA has made more than 600 specialty care appointments since April, addressing a concern about a backlog. It will spend \$100 million this year on non-VA care for vets who need it. But they also acknowledged that mistakes could have been made and have to be addressed.

The VA's inspector general was in town to investigate claims by two former workers that the Minneapolis VA ordered them to falsify records in the hospital's gastroenterology department. The former workers also claim they were fired in retribution. The Minneapolis VA system also has been flagged in a national audit for potential problems with how wait times were calculated, both at the Minneapolis hospital and at an outpatient clinic in Rochester. "I fully commit for us to investigate those allegations, to call on the appropriate oversight bodies to help us understand where we may have made mistakes if that's the case, and to correct those mistakes," said Janet Murphy, network director for the VA's Midwest Health Care Network, which includes the Minneapolis hospital. "We probably have some work to do to regain the trust and confidence of veterans and our stakeholders." Some of the questions asked were:

- Several vets focused on the recent allegations. Jason Quick, Minnesota state director for Concerned Veterans for America, asked why the local whistleblowers were fired while higher-level VA officials are permitted to take administrative leave when accused of wrongdoing. Minneapolis VA Health Care system director Patrick Kelly said a process is in place to determine whether whistleblowers suffered reprisals because of their actions. Both the VA's inspector general and its Office of Special Counsel have been asked to investigate the recent local claims. "When they do, there will be actions to hold people accountable if they took the wrong actions in those cases," Kelly said.
- Air Force veteran Dennis Davis, who deployed to Afghanistan, complained of long waits for mental health care, pointing out that an average 22 vets

commit suicide a day across the nation. “Why is there an average of six months on claims for [post-traumatic stress disorder] and mental health? That’s just to get the claim done and then to get in the next line for care,” he said. “That’s not right.”

- Navy veteran Brian Lewis said he has been told his “chronic pain is in his head.” Lewis, who told the crowd he was the victim of military sexual trauma, also said care for male victims of sexual assault at the Minneapolis VA is nonexistent. “If you had a five-star facility providing quality and consistent care, you wouldn’t have a room full of people here,” he said.

Vets had to brave a long wait to even get into the parking lot for the meeting at the Bishop Henry Whipple Federal Building at Fort Snelling. They were then required to go through a security screening to get through the door. Not all the focus was on long waiting lines and accountability. Several questions focused on the expense of a recent remodeling of the hospital’s atrium. The first question in the meeting was about why the food is so expensive at the hospital cafeteria.

[Source: Star Tribune | Mark Brunswick | Sept. 13, 2014++]

## ***GI Bill Update ► Incentive to Lower Vet State Tuition Rates***

A federal law passed earlier this month directing a massive \$16.3 billion overhaul of the troubled Department of Veterans Affairs health care system also aims to put pressure on colleges to lower education costs for veterans. The law, called the Veterans' Access to Care through Choice, Accountability, and Transparency Act, bars the VA from paying education assistance to colleges that charge veterans more than in-state tuition rates. Typically, students who reside in the same state as their public schools are given a break on tuition but veterans who moved often during their military careers may face difficulties meeting residency requirements. The change means schools must either extend the lower tuition rates to veterans who use VA assistance or face losing revenue from the Montgomery GI Bill for active-duty forces and the new Post-9/11 GI Bill. Overcharging any one veteran would mean the loss of all VA tuition assistance payments, according to the staff of Sen. Bernie Sanders (I-VT) an architect of the VA overhaul law.

Significant money is at stake: The VA says it has doled out more than \$20 billion in benefits to 773,000 vets and their family members under the Post-9/11 GI Bill since it became effective in 2009. The law does not mandate the lower tuition, but instead gives a strong incentive for public colleges to tweak residency requirements and what they charge veterans, congressional staff members said. The approach is similar to how the federal government pushed states to create uniform age limits for alcohol consumption in the 1980s, staff said. The National Minimum Drinking Age Act of 1984 requires states to prohibit anyone under 21 years old from purchasing or possessing alcohol or face losing federal highway funding, which is key to the construction and upkeep of roads and infrastructure. President Barack Obama signed the bill into law on 7 AUG. For Fry Scholarship changes, the effective date is January 2015. For residency changes, the effective date is July 2015. [Source: MilitaryOneSource.com | Travis J. Tritten | Sept 17, 2014 ++]

## ***Vet Toxic Exposure ~ Lejeune Update ► Financial Relief Coming***

The Department of Veterans Affairs on 23 SEP announced it will soon start to cover out-of-pocket health care costs for Marine dependents who contracted cancer and other illnesses from toxic water at Camp Lejeune, as promised two years ago by law. In 2012, Congress passed the landmark Honoring America's Veterans and Caring for Camp Lejeune Families Act. It provided health care for Marines and family members who had lived on the base near Jacksonville, N.C., from 1957-1987 and who suffered from any of 15 illnesses named in the law. These included cancer related to the lungs, bladder, breasts, kidneys and esophagus, as well leukemia and problems involving female infertility. An estimated 750,000 people were exposed to drinking water at the base that was polluted with chemicals that included industrial solvents and benzene from fuels. The chemicals resulted from spills, a dump site on base, leaking underground storage tanks on base and an off-base dry cleaner.

Under the 2012 law, the VA immediately offered full care for veterans who had been stationed at Camp Lejeune, but it told their dependents who suffered from covered illnesses that they would have to wait to be reimbursed. The announcement of final rules on Tuesday meant that the VA later this year will start to reimburse family members under the 2012 law for costs since March 26,

2013, that were not covered by insurance. The date is when Congress appropriated funding. The rules first must be published in the Federal Register, to be followed by a 30-day waiting period before people can file claims. The VA also planned to release a document about health care services to veterans who were on active duty at the base for at least 30 days in the three-decade period.

Retired Marine Jerry Ensminger, whose 9-year-old daughter, Janey, died of leukemia in 1985, and Mike Partain, who was born at the base and suffered from male breast cancer, led a long fight to get the law passed. Both said Tuesday that they were dismayed it took two years to put it into effect. "As far as I'm concerned, so many people have already died. They just keep dragging this thing out," Ensminger said. Partain said "institutional apathy and incompetence" were the reasons it took two years to write and approve the regulations for how the law would be administered. The VA wrote the regulations, and then the Office of Information and Regulatory Affairs, part of the White House Office of Management and Budget, had to approve them. The office's website said approval was made on 9 SEP. The White House referred questions to the VA, and the VA didn't respond to a question about the length of time required for the implementation of the law.

Sen. Richard Burr (R-NC), who proposed the legislation and fought for it to become law and for its promises to be fulfilled, said in a statement that the final regulation "has been a long time coming." "Unfortunately, many who were exposed to the contaminated water have already died as a result of their exposures and will not be able to receive the help this law provides," Burr said. "I fully expect VA will now move swiftly to implement all the regulations and extend a helping hand to the victims of this tragic episode in our nation's history." Sen. Kay Hagan, D-N.C., who joined Burr in pushing for the legislation when she became a senator in 2009, said her office had been urging the VA to finalize the regulations since Congress passed the bill. "I am relieved that action has finally occurred today," Hagan said. "Our veterans and their families exposed to toxic water contamination have waited too long for answers, and I am pleased they will now begin to receive the critical health care benefits they deserve."

For veterans, any reimbursement of co-payments would go back to Aug. 6, 2012, when the law was signed. The law does not provide veterans with disability

compensation. Veterans and family members can apply for the Camp Lejeune benefits by enrolling with the VA online or at a local VA health facility. The VA said they would have to prove they lived or worked at the base during the prescribed period. Burr and Hagan have proposed legislation that would expand the eligibility dates for veterans and families to 1953. A study by the Agency for Toxic Substances and Disease Registry in 2013 estimated that the water was contaminated with carcinogens as early as that date, four years earlier than previously thought. [Source: McClatchy Washington Bureau | Renee Schoof | Sept. 23, 2014 ++]

### ***Following is a Summary of Veteran Related Legislation Introduced in the House and Senate since the Last Bulletin was Published:***

- H.R.5432: Wounded Warrior Act. Workforce Enhancement. A bill to require the Secretary of Veterans Affairs to award grants to establish, or expand upon, master's degree or doctoral degree programs in orthotics and prosthetics, and for other purposes. Sponsor: Rep Cartwright, Matt [PA-17] (introduced 9/10/2014)
- H.R.5480: Empowering Our Veterans Act of 2014. A bill to prohibit the Secretary of Veterans Affairs from obligating or expending funds for alternative energy generation projects unless specifically authorized by law, and for other purposes. Sponsor: Rep Weber, Randy K. Sr. [TX-14] (introduced 9/16/2014)
- H.R.5494: Incentives for our Nation's Veterans in Energy Sustainability Technologies. A bill to amend the Internal Revenue Code of 1986 to provide the work opportunity tax credit with respect to the hiring of veterans in the field of renewable energy. Sponsor: Rep Lee, Barbara [CA-13] (introduced 9/16/2014)
- H.R.5500: Protect Veterans Employment and Training Services Act of 2014. A bill to amend title 38, United States Code, to protect employment and training services for veterans, and for other purposes. Sponsor: Rep Fitzpatrick, Michael G. [PA-8] (introduced 9/17/2014)
- H.R.5518: Assuring Quality Care for Veterans Act. A bill to amend title 38, United States Code, to improve the continuing professional education reimbursement provided to health professionals employed by the

Department of Veterans Affairs. Sponsor: Rep McNerney, Jerry [CA-9] (introduced 9/17/2014)

- H.R.5554: Helping Wounded Warriors Cover Medical Expenses Act. A bill to amend the Internal Revenue Code of 1986 to permit distributions from 529 accounts for medical expenses of account owners who are veterans with disability ratings of greater than 50 percent. Sponsor: Rep Bishop, Timothy H. [NY-1] (introduced 9/18/2014)
- H.R.5563: Veteran Employer Special Recognition. A bill to authorize the Secretary of Labor to award special recognition to employers for veteran-friendly employment practices Sponsor: Rep Cardenas, Tony [CA-29] (introduced 9/18/2014)
- H.R.5589: Veteran Education Empowerment Act. A bill to direct the Secretary of Education to establish a grant program to assist institutions of higher education in establishing, maintaining, and improving veteran student centers. Sponsor: Rep Frankel, Lois [FL-22] (introduced 9/18/2014)
- H.R.5618: VHA Management And Accountability Pilot Program. A bill to establish a pilot program to improve the management and accountability within the Veterans Health Administration of the Department of Veterans Affairs, to provide oversight of the Veterans Health Administration, and for other purposes. Sponsor: Rep Kilmer, Derek [WA-6] (introduced 9/18/2014)
- H.R.5680: VA Toxic Exposure Registry. A bill to direct the Secretary of Veterans Affairs to establish a registry for certain toxic exposures, to direct the Secretary to include certain information in the electronic health records of veterans, and for other purposes. Sponsor: Rep Walz, Timothy J. [MN-1] (introduced 9/19/2014)
- S.2794: Veterans Small Business Enhancement Act of 2014. A bill to amend the Small Business Act to direct the task force of the Office of Veterans Business Development to provide access to and manage the distribution of overseas excess or surplus property to veteran-owned small businesses. Sponsor: Sen Durbin, Richard [IL] (introduced 9/11/2014)
- S.2810: Service Members Transition Improvement Act of 2014. A bill to require the Secretary of Defense to develop procedures to share certain information with State veterans agencies to facilitate the transition of members of the Armed Forces from military service to civilian life, and for other purposes. Sponsor: Sen Toomey, Pat [PA] (introduced 9/15/2014)  
Related Bills: H.R.3493, S.1684



- S.2822: Dignified Interment of Our Veterans Act of 2014. A bill to require the Secretary of Veterans Affairs to conduct a study on matters relating to the burial of unclaimed remains of veterans in national cemeteries, and for other purposes. Sponsor: Sen Toomey, Pat [PA] (introduced 9/16/2014)
- S.2834: Protect Veterans Employment and Training Services Act of 2014. A bill to amend title 38, United States Code, to protect employment and training services for veterans, and for other purposes. Sponsor: Sen Toomey, Pat [PA] (introduced 9/17/2014)
- S.2837: Military and Veterans Education Protection Act. A bill to count revenues from military and veteran education programs toward the limit on Federal revenues that certain proprietary institutions of higher education are allowed to receive for purposes of section 487 of the Higher Education Act of 1965, and for other purposes. Sponsor: Sen Carper, Thomas R. [DE] (introduced 9/17/2014)

[Source: <https://beta.congress.gov> & <http://www.govtrack.us/congress/bills> Sept. 28, 2014 ++]

## ***Military Pay & Benefits Update ► Blue Star Families' 2014 Survey***

Military families have a lot to worry about, and their biggest fears are over pay and benefits. Concerns over changes to military pay and other compensation, as well as changes to the retirement system, were the top two issues cited by spouses, service members and veterans in a new survey from Blue Star Families, a nonprofit, nonpartisan organization supporting the military community. Pay and benefits issues represented the No. 1 fear for 73 percent of military spouses and 75 percent of service members in the Blue Star Families' 2014 military family lifestyle survey. Sixty-four percent of vets named compensation as their second biggest worry, followed by potential changes to the military's pension system. The survey drew 6,270 responses.

The Defense Department's planned force reduction after 13 years of war and sequestration is driving the anxiety many military families feel over their short- and long-term financial future, the survey found. "These issues are not lost on individuals serving in the military, veterans or their families," the report said. "National decisions also trickle down to the dinner table at home, increasing concern among military families on how they will be personally impacted by each

decision.” Military families also listed pay and benefits issues as their top concern in 2013.

A commission studying military compensation and retirement will submit recommendations to President Obama and Congress in February 2015, and the proposed changes could affect a range of third-rail military compensation issues, including commissary benefits, housing allowances and the pension system.

“With these forecasts and discussions as the backdrop, concerns about uncertainty and financial stability were of top importance to military members, families and veteran survey respondents in this survey,” the report stated. Seventy percent of the survey respondents were military spouses, followed by 21 percent who were either service members or veterans. The remaining participants included other family members of active duty military members or vets. Military spouses and active duty members also cited spouse employment, the uncertainty of the military lifestyle and the impact of deployment on children among their top five “lifestyle” concerns. Vets reported the greatest anxiety, after pay and benefits worries, over the disability claims backlog, the perceived disconnect between the military and civilian communities, and post-traumatic and combat stress.

Military spouses often encounter difficulty finding jobs, which contributed to respondents’ general sense of financial uncertainty, according to the survey. The challenges vary, but typically include a lack of child care, frequent moves or employer bias. “Within open-ended responses, many spouses described encounters with potential employers who reportedly held preconceived notions that military spouse job seekers lacked adequate education, skills or experience, or who were concerned that frequent moves would ultimately mean short periods of employment,” the survey said. “Employers may be unaware that many military tours are about the same length of time as the average worker’s tenure with one company--around four years.” In fact, the 2014 survey’s military spouse respondents were better educated than the general public, with 33 percent having a bachelor’s degree and 20 percent holding an advanced professional degree.

Some spouses who do work are feeling another kind of pressure. One Navy spouse told Blue Star Families: “I am so broken as a mother because I work, then I come home and run around to take them both to their activities. We have less

than two hours each night to be in our home and I am dying inside! I am away from my other family because the military required us to move and then deployed my husband. I have no outlet but am expected to maintain normalcy for my children, continue working, and take on the EVERYDAY role of two parents for two children for over a year with absolutely NO break!"

The survey also touched on a range of other issues important to military families including, military kids' education and emotional well-being, transitioning to civilian life, ability to cope with stress, healthiness of respondents' marriages and the quality of Defense Department services. The top services used by respondents were the commissary and exchange network; health care system; morale, recreation and welfare; base housing; and child development centers. The survey found that most services were "underutilized," but for those respondents who did take advantage of the programs, a majority reported they were satisfied with them. Along those lines, 71 percent of respondents said they "felt prepared" to transition to civilian life, compared to 29 percent who said they did not.

One of the most interesting findings from the survey: Despite the pride and commitment most respondents reported feeling about their own or their loved one's military service, nearly half (48 percent) said they weren't likely to recommend the path to a young person. [Source: GovExec.com | Kellie Lunney | Sept. 18, 2014 ++]

## ***Traumatic Brain Injury Update ► Concussion Coach App***

To better meet the needs of Veterans and others who have suffered mild to moderate concussion associated with Traumatic Brain Injury (TBI), the Department of Veterans Affairs (VA) has developed "Concussion Coach," a mobile application ("app") that provides portable tools to recognize symptoms and to identify and make use of coping strategies. The Concussion Coach app is designed to educate users about concussions, related symptoms, treatments and to enable users to recognize and assess symptoms. The app identifies resources for managing symptoms and planning tools to build resilience. It also provides access to crisis resources, including personal support contacts and ways in which the user can obtain professional health care. "In developing the Concussion Coach, we applied the science and the clinical recommendations that have emerged from the recent efforts of researchers and practitioners across many agencies,

organizations and institutions to better understand the nature and consequences of injury to the brain,” said Dr. Micaela Cornis-Pop, Speech Pathologist and lead subject matter expert for the application. “We are looking forward to the Concussion Coach becoming a trusted resource among self-help tools for Veterans and others to manage the troubling symptoms of concussion.”

The application will be helpful to everyone who suffers from mild to moderate concussions. Its development came about as a result of knowledge gained by VA medical staff in treatment of TBI. While combat injuries to Servicemembers and injuries to professional athletes gain media attention, TBI is most often caused by falls, vehicle accidents and violence. TBI is a major cause of death and disability worldwide, especially in children and young adults. “The development of the Concussion Coach application shows how work conducted by VA also helps the general public,” said Dr. Carolyn M. Clancy, VA’s Interim Undersecretary for Health. “VA is taking innovative approaches and making use of technology to provide personalized health care for the nation’s Veterans, and this app is an example of that.” The application is a useful tool, and is not intended to replace professional diagnosis, medical treatment or rehabilitation therapies for those who need them. “We believe that Concussion Coach will support treatment with a health care professional by providing portable, convenient tools for the user to recognize symptoms and cope with concussion-related problems,” added Dr. Cornis-Pop.

Concussion Coach was collaboratively developed by the VA’s Rehabilitation and Prosthetic Services and the National Center for Posttraumatic Stress Disorder, and the Department of Defense National Center for Telehealth and Technology. Concussion Coach is available for mobile Apple devices (iPhone, iPad, and iPod Touch) from the App Store and will be available to Google Play for Android devices later in 2014. For additional information, visit <http://www.polytrauma.va.gov>. [Source: VA News Release Sept. 16, 2014 ++]

## ***VA Seeking Nominations for Appointment to the Research Advisory Committee on Gulf War Veterans’ Illnesses***

Washington – The Department of Veterans Affairs (VA) is seeking nominations of qualified candidates to be considered for appointment to serve as a member of the Research Advisory Committee on Gulf War Veterans' Illnesses (RAC).

The RAC was established pursuant to section 104 of Public Law 105-368 to provide advice to the Department of Veterans Affairs (VA) on proposed research studies, research plans, or research strategies relating to the health consequences of military service in the Southwest Asia theater of operations during the Persian Gulf War. The Committee periodically releases reports that summarize and make recommendations regarding research on the health of Gulf War Veterans.

"VA recognizes and respects the service, dedication and many challenges faced by Veterans of the 1990-1991 Gulf War, and is committed to improving the health and well-being of these Veterans. Through its recommendations regarding relevant research, members of the RAC play an integral part in helping us achieve this goal," said VA Secretary Robert A. McDonald.

"Widening our search for committee members to fill the upcoming vacancies will provide better diversity, and enable us to bring in new, well-qualified members with fresh perspectives and input."

The Committee is composed of approximately 12 members, appointed by the VA Secretary for either a 2- or 3-year term of service; members may be reappointed for additional 1- or 2-year terms. The Chair of the Committee is appointed for an initial 2-year term and may be reappointed for an additional 1- or 2-year term. By law, the RAC membership must include members of the general public, including Gulf War Veterans and representatives of such Veterans. The RAC's charter also provides that the membership will include members of the medical and scientific communities representing appropriate disciplines such as, but not limited to, epidemiology, immunology, environmental health, neurology and toxicology.

"VA continues to provide health care and benefits to these Veterans and to invest in research to understand and treat Gulf War Veterans' Illnesses. We agree that there are health issues associated with service in the Gulf War, and are clear in our commitment to treating these health issues," said

Carolyn M. Clancy, M.D., Interim Under Secretary for Health.

Nominations for membership on the Committee must be received no later than 5:00 p.m. EDT on October 24, 2014. The Federal Register Notice can be found at <https://federalregister.gov/a/2014-23661>

More information on RAC is available at <http://www.va.gov/rac-gwvi/>.

## ***VA Achieves Certification on Whistleblower Protection***

The Department of Veterans Affairs (VA) today announced that the Office of Special Counsel (OSC) certified VA under OSC's 2302(c) Whistleblower Protection Certification Program on October 3, 2014. Following through on recent recommendations from the OSC, VA worked to achieve compliance and protect employees who identify or report problems from unlawful retaliation.

"VA takes whistleblower complaints seriously and will not tolerate retaliation against those who raise issues which may enable VA to better serve Veterans," said VA Secretary Robert McDonald. "We depend on VA employees and leaders to put the needs of Veterans first and honor VA's core values of 'Integrity, Commitment, Advocacy, Respect and Excellence.'"

Certification under OSC's 2302(c) Certification Program is just one of several steps VA has taken to enhance accountability within the organization and ensure its employees have a safe channel for disclosing whistleblower information. Most recently, VA worked closely with OSC to successfully resolve whistleblower retaliation complaints filed by three individuals from the VA Phoenix Health Care System. VA leadership sent a message to all VA employees regarding the importance of whistleblower protection emphasizing that managers and supervisors bear a special responsibility for enforcing whistleblower protection laws, and meets with employees at VA facilities across the country to reemphasize that message.

Additionally, VA has established the Office of Accountability Review (OAR) to ensure leadership accountability for improprieties related to patient scheduling and access to care, whistleblower retaliation and related matters that impact public trust in VA. Since September 26, VA has announced the proposed removal

of four senior executives following investigations by the OAR and the VA Office of Inspector General.

Prior to this OSC certification, VA leadership recognized the importance of whistleblower disclosures. On July 2, then-Acting Secretary Sloan Gibson met with Carolyn Lerner, Special Counsel of the U.S. Office of Special Counsel, to discuss actions underway to better protect whistleblowers, including the commitment to achieve compliance with the OSC 2302 (c) Certification Program.

Under the OSC certification process, VA:

- placed informational posters regarding prohibited personnel practices (PPP), whistleblowing, and whistleblower retaliation in a public setting at VA facilities and VA personnel and equal employment opportunity offices;
- provided and will continue to provide new hires with written materials on PPP, whistleblowing, and whistleblower retaliation;
- developed a website on PPP and whistleblower rights and protections; and
- developed, in cooperation with the OSC, supervisory training on PPP and whistleblower rights and protections. VA executives, managers, and supervisors must complete this training on a biennial basis.

OSC is an independent Federal agency enforcing whistleblower protections, safeguarding the merit system, and providing a secure channel for whistleblower disclosures.

## ***Secretary McDonald Announces VA to Continue Town Hall Events at VA Facilities Nationwide***

WASHINGTON – Secretary of Veterans Affairs Robert A. McDonald has directed all Veterans Affairs (VA) healthcare and benefits facilities to continue to hold quarterly town-hall events to improve communication with, and hear directly from, Veterans nationwide. This follows the recent completion of town-halls at these facilities held between August and the end of September of this year.

“Every one of our medical centers and regional benefits offices held town hall meetings around the country in August and September, but we have more listening to do to better serve Veterans and their families,” said Secretary McDonald. “As part of our Road to Veterans Day, VA is taking a hard look at

everything we do in order to reorganize the Department around the needs of Veterans. Direct feedback from Veterans, employees and stakeholders is an important component of that Roadmap, and key to improving our services and operations,” Secretary McDonald added.

Details of events at each location will be forthcoming from local facilities. Additionally, VA is looking to continue to improve the town hall notification process, making sure we have the benefit of extensive local input. In addition to Veterans and their families, the quarterly meetings are open to Congressional stakeholders, Veterans Service Organizations, Non-Governmental Organizations and other community partners.

## ***VA Processes More than 1.3 Million Veterans’ Claims in FY14***

WASHINGTON – More than 1.3 million Veterans received decisions on their Department of Veterans Affairs (VA) disability compensation and pension claims in fiscal year (FY) 2014 – the highest number in VA’s history, surpassing last year’s record-breaking production by more than 150,000 claims.

This second year of record-breaking production comes as VA continues to transform the way it provides benefits and services, to deliver faster and higher quality decisions, to Veterans, their families and survivors. At the end of the year, the disability claims backlog (defined as any disability claim pending longer than 125 days) was reduced by 60-percent from the peak backlog in March 2013 and is at its lowest number in nearly 4 years. Veterans waited, on average, 119 fewer days for a decision on their claim than Veterans did in FY 2013. VA is on target to hit its 2015 goal.

These improvements were not made at the expense of quality. The accuracy of VA’s decisions continues to rise from an 83-percent accuracy level in 2011 to a 90-percent accuracy level today. When focusing specifically at the medical issue level, accuracy is at 96 percent.

“I am so proud of our employees – more than half of whom are Veterans themselves – who continue to work tirelessly to deliver the benefits our Veterans have earned through their service to our Nation,” said Under Secretary for



Benefits Allison A. Hickey. “But we all also recognize there is still much more work to do to better serve Veterans.”

VA’s move to a web-based electronic claims processing system has enabled a quicker, more accurate and integrated benefits delivery. VA once processed 5,000 tons of paper annually – today it processes 93 percent of Veterans’ disability claims electronically. One in seven Veterans who submit a claim to change the status of a family member now does so online and more than half of those are paid in one to two days. VA’s progress would not have been possible without the support of its strong partners. Veterans Service Organizations (VSO) and State and County Veterans Service Officers embraced the Fully Developed Claim (FDC) program, which enables VA to make faster claim decisions when Veterans submit their claims with all available evidence and certify they have no more evidence to submit. Now, 37 percent of the claims receives from VSOs are FDCs.

In FY 2014, more than 4.5 million Veterans and survivors received more than \$72.7 billion in VA compensation and pension benefits. For more information on VA’s Transformation, benefits and programs visit: [www.benefits.va.gov/](http://www.benefits.va.gov/), [www.ebenefits.va.gov](http://www.ebenefits.va.gov) and [www.benefits.va.gov/fdc](http://www.benefits.va.gov/fdc).